



**CERTIFICATE OF APPOINTMENT PRO TEMPORE TO FILL A LOCAL ELECTED OFFICE BY A PRECINCT COMMITTEEMAN CAUCUS**

(CEB-4)

State Form 47437 (R8 / 8-19)

Indiana Election Division (IC 3-13-11-11(a)(1))

**INSTRUCTIONS:** This certificate must be filed with the circuit court clerk **not later than NOON, five (5) days** after the caucus of precinct committeemen is held.

TO THE Howard COUNTY CIRCUIT COURT CLERK:

**GENERAL INFORMATION**

This is to certify the following:

- (1) A vacancy occurred in the local office of Kokomo Common Council, District 2  
Name of office
- (2) The vacancy occurred due to the (check one) ☒ death ☐ resignation OR ☐ removal of the incumbent  
Lynn Rudolph  
Name of incumbent
- (3) The incumbent was elected or appointed as a candidate of the (check one) ☐ Democratic OR ☒ Republican Party.
- (4) The election district for this office is entirely within Howard County (or \_\_\_\_\_ County has the greatest percentage of the population of the election district for this office).
- (5) I am the duly elected and acting county chairman of the (check one) ☐ Democratic OR ☒ Republican Party of Howard County, or the designee of the Chairman.
- (6) A caucus of eligible precinct committeemen was held on January 25, 20 23, to fill the vacancy in this office. The caucus was held following the giving of notice required under Indiana Code 3-13-11-3.
- (7) The members of the caucus selected, by majority vote of those casting a vote for a candidate, the person named below to hold an appointment pro tempore to this office for the remaining unexpired term.
- (8) The person holding the appointment pro tempore to this office is a registered voter of a precinct within the election district for the office, complies with the other requirements imposed under Indiana Code 3-8-1 of a candidate for this office, and consents to this appointment by the declaration of candidacy (CEB-5 form), which was timely filed in accordance with Indiana Code 3-13-11-7, and is incorporated by reference in this certificate.
- (9) This appointment pro tempore is effective 1/24, 20 23.

**FILED**

JAN 25 2023

DEBBIE STEWART  
Clerk Howard Cir. Court

**APPOINTEE'S NAME AND RESIDENCY INFORMATION**

(10) Name of Person Appointed to Office:

Joni A. Delon

(11) Person's residence address is:

212 Orchard Lane  
Complete residence address must be inserted

Kokomo

City

Indiana

46901

ZIP Code

OPTIONAL INFORMATION: Candidate's e-mail address: \_\_\_\_\_

Campaign website address: \_\_\_\_\_

**CERTIFICATION OF COUNTY CHAIRMAN/DESIGNEE**

I, the County Chairman of the above-named county (or the designee of the Chairman), certify that the information in this Certificate is true and complete.

[Signature]  
Signature of Chairman / Designee

Jennifer Jack  
Printed Name of Chairman / Designee

1/25/23  
Date signed (MM/DD/YY)

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

SEAL

Notary Public or Other Official Administering Oath in accordance with IC 33-42-9

My Commission expires (applies only to Notary Public): \_\_\_\_\_ County of Residence: \_\_\_\_\_





# DECLARATION OF CANDIDACY FOR A VACANT LOCAL OFFICE TO BE FILLED BY A POLITICAL PARTY CAUCUS

State Form 47729 (R6 / 8-19)

Indiana Election Division (IC 3-13-11-7)

(CEB-5)

**INSTRUCTIONS:** An individual who wishes to be selected by a political party caucus to fill a vacancy in an elected office must file a declaration of candidacy with the chairman of the caucus (the appropriate county chairman or designee). The declaration must be filed no later than seventy-two (72) hours before the caucus is scheduled to begin. This form is not required when a county chairman fills a vacancy by direct appointment, and no caucus is held. (See IC 3-13-11 for further information.)

**FILED**

JAN 25 2023

**DEBBIE STEWART**  
Clerk Howard Cir. Court

STATE OF INDIANA )  
COUNTY OF Howard )  
**TO** Jennifer Jack **CAUCUS CHAIRMAN**

## GENERAL INFORMATION

I, Joni A. DeLon the undersigned, certify the following:  
Name of Candidate

(1) I am a registered voter of Precinct 207 of the Township of Center  
(or of Ward, if applicable, \_\_\_\_\_ of the City or Town of Kokomo), County of Howard  
State of Indiana.

(2) I am a candidate to be selected by the caucus for the appointment pro tempore to fill the vacancy that exists (or will exist) in the office of City Council, District 2 (if any).

(3) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirement). I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

(4) If the vacancy is in the office of prosecuting attorney, I certify that I have filed my statement of economic interest with the state commission on judicial qualifications.

## CANDIDATE NAME AND RESIDENCY INFORMATION

(5) Name of Candidate:

Joni A. DeLon

(6) Candidate's residence address is:

212 Orchard Ln Kokomo Indiana 46901  
Complete residence address must be inserted City ZIP Code

(7) Candidate's mailing address is (if different from residence address):

Mailing address (Write "SAME" if both addresses are identical.) \_\_\_\_\_, Indiana \_\_\_\_\_  
City ZIP Code

OPTIONAL INFORMATION: Candidate's e-mail address: jadelon24@gmail.com Campaign website address: \_\_\_\_\_

## CERTIFICATION

I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Joni A. DeLon  
Signature

1/17/2023  
Date signed (MM/DD/YY)

(765) 434-2893  
Telephone (Day)

\_\_\_\_\_  
Telephone (Evening)

STATE OF Indiana )  
COUNTY OF Howard )

Subscribed and sworn to before me this 17th day of January, 2023.

Stacy A. Russell Stacy A. Russell  
Notary Public or Other Official Administering Oath in accordance with IC 33-42-9

My Commission expires (applies only to Notary Public): July 16, 2027 County of Residence: Miami

**STACY A. RUSSELL**  
Notary Public, State of Indiana  
SEAL

Commission Number NP0721342  
My Commission Expires July 16, 2027



**STATEMENT OF ECONOMIC INTERESTS  
FOR LOCAL AND SCHOOL BOARD OFFICES**

State Form 55128 (R / 8-19)  
Indiana Election Division (IC 3-8-9)

(CAN-12)

**INSTRUCTIONS:** This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA  
COUNTY OF Howard

**INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:**

2022

**NOTE:** Insert "Not Applicable" where appropriate.

I, Joni A. DeLon the undersigned, certify the following:  
Name of Candidate or Person Filling Vacant Office

- (1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is  
City Council district 2. (Include district, if applicable.)
- (2) The name of my spouse was Steven K DeLon
- (3) The name of my employer and the nature of its business was  
JA DeLon Marketing- 1099 Contracted w/ Anew Care Hospice & Standards Boutique - Public Relations
- (4) The name of the employer of my spouse and the nature of its business was  
LeaderOne Financial- Mortgage Banker
- (5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was  
\_\_\_\_\_
- (6) If I operated a professional practice, the name of the professional practice and the nature of its business was  
\_\_\_\_\_
- (7) If I was a member of a partnership, the name of the partnership and the nature of its business was  
\_\_\_\_\_
- (8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was  
\_\_\_\_\_
- (9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was  
\_\_\_\_\_
- (10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was  
\_\_\_\_\_
- (11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was  
\_\_\_\_\_
- (12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was  
\_\_\_\_\_

**COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.**



I, the undersigned, affirm that the information set forth on this Statement of Economic Interests is true and complete.

Signed, this the 17<sup>th</sup> day of January, 2023

Joni DeLon

Signature

Joni DeLon

Printed Name

STATE OF Indiana

COUNTY OF Howard

Subscribed and affirmed to before me this 17<sup>th</sup> day of January, 2023

Stacy A Russell Stacy A. Russell  
Notary Public or Other Official Administering Oath

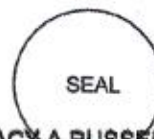
My Commission expires (applies only to Notary Public): July 16, 2027

County of Residence: Miami

**FILED**

JAN 25 2023

DEBBIE STEWART  
Clerk Howard Cir. Court



STACY A RUSSELL

Notary Public, State of Indiana

SEAL

Commission Number NP0721342

My Commission Expires July 16, 2027